

we are going to be well over \$10 trillion in debt by the time the baby boomers retire.

That is not sustainable. That is a recipe for disaster for this great country that we love and that we live in, and we should not let that happen to America, we should not let that happen to our kids and grandkids. Fiscal responsibility and a return to fiscal responsibility is absolutely necessary.

I thank the gentleman for yielding.

Mr. HILL. I thank my friend from Kansas for taking the time to talk about this very important issue and for his remarks.

Mr. Speaker, I would like to yield such time as he may consume to the chairman of the Blue Dogs, the gentleman from the State of Texas (Mr. TURNER).

Mr. TURNER of Texas. Mr. Speaker, I thank the gentleman for yielding, and I am proud to join my Blue Dog colleagues tonight to address an issue that we feel very strongly about and that is the ever-increasing Federal debt that we are accumulating by continuing down this path of continual deficit spending.

A lot of folks today have heard the President call for tax cuts. The President says tax cuts mean jobs. The Blue Dogs have proposed a tax cut plan that will generate more jobs than the President's plan in the short term, but it is a bill that postpones some of the future tax cuts that are already in the law in order to be sure that our tax cut does not generate a larger Federal debt.

Now, why do we believe that is important? Common sense tells us and every household in America knows that when you go along spending more than you take in, sooner or later it is going to catch up with you.

Frankly, the Federal Government today is going down a path recklessly abandoning the fiscal discipline that was established just a few short years ago when we had the first balanced budget in 29 years. That was 2 years ago. How far we have drifted from that path today, when we project somewhere between a \$400 billion to \$500 billion deficit in the current fiscal year.

We have an ever-increasing burden of debt. You do not hear too many folks in the White House or on the talk shows talking about our debt, but it is a debt that is a very significant burden and will be an increasing burden on the taxpayers of this country.

This year alone, our debt runs in the neighborhood of \$6.4 trillion. Now, that is a lot of money, and it is hard to understand how much \$6 trillion is. I will tell you that it means that we pay \$1 billion every day just to cover the interest on that national debt. We spent close to \$332 billion last year on interest on the national debt.

The Blue Dog Democrats believe that is too much interest to be paying on our debt and that the only way to get it down is to reduce our debt. That is why the Blue Dogs proposed a balanced budget plan for this decade to ensure

that we got back to reducing our debt, rather than seeing it go up and up and up.

Under the President's proposal and under the budget that the Republican Congress passed just a few weeks ago, our national debt is projected to increase from \$6.4 trillion today to \$12 trillion. That means 10 years from now we will be paying somewhere between 600 and \$700 billion in interest every year.

Contrast that, if you will, with the projections shared with us for spending on national defense in the recently adopted budget of this Congress. That budget projects that the Department of Defense will spend \$500 billion a year 10 years from now. That is a significant increase from the present. But it also is noteworthy that we will be spending more on interest, \$600 billion to \$700 billion 10 years from now, more money, than we will be spending on national defense.

Today when we pay our taxes and file our individual tax returns, 25 cents out of every dollar we pay goes to pay interest on our national debt. What a waste. That interest is going to double in the next 10 years. In other words, we could be paying 50 cents of every dollar we pay in personal income taxes just to cover the interest on the national debt.

Mr. Speaker, we are going into debt at exactly the wrong time. We are going into debt as we approach the retirement of the baby boom generation. That generation, when they retire, will place great stress, fiscal stress, upon the Medicare system, the Social Security System, when all of those retirees will be eligible for those government benefits. The unfunded liability of the Social Security trust fund is estimated to be \$25 trillion. It is wrong to be cutting taxes today and borrowing the money to pay for the tax cut. It simply means that this generation is going to pass the debt of a tax cut on to our children and our grandchildren. That is morally wrong, it is fiscally irresponsible, and it is heading this Nation down a path that will create grave crises for us in the future.

For us it is about our future prosperity; it is about our future national and homeland security. How can this Nation maintain its status as the strongest military power in the world when its debt is continuing to accumulate and we will have a more and more difficult time every year paying the bills that we need to pay to ensure a strong defense, a strong homeland security, and a strong economy?

The American people can remember the days when Ross Perot was running for President, when he had his charts and he said we had to look under the hood of that automobile and get under there and get our hands dirty and get it fixed. That same message needs to be heard today, because we are heading for a fiscal crisis unlike any ever seen in the history of this country.

The projections of \$12 trillion in debt 10 years from now are not based upon

estimates of the economy maintaining its current status of sluggishness. The presumption is the economy will recover, and we still project a \$12 trillion debt and \$600 billion to \$700 billion every year in wasted interest payments on that debt.

The Blue Dog Democrats say wake up America. Remember that we must pay our bills. Remember that to maintain a strong economy and low interest rates, the government does not need to become the biggest borrower on the planet, because as government consumes a larger and larger share of the available credit, the laws of supply and demand indicate very clearly that interest rates for all of us will go up. So the tax cut we grant today may mean the higher interest payments on home loans, car loans, student loans tomorrow.

There is no free lunch, and those who promise today the free lunch of tax cuts are also handing you a debt that must be paid by our children, a burden of debt that will result in higher interest rates tomorrow and a less prosperous America.

The Blue Dog Democrats believe that fiscal responsibility in Washington, just as fiscal responsibility around the kitchen table, is a message that should be heard by every American; and we call on this Congress tonight, on the verge of raising the debt ceiling, without a vote in this House, by almost \$1 trillion, to retake the high ground, to recognize that we have been through a war, when every American wants to do their part and pay the bills for that war, instead of charging the costs of that war to the very men and women who fought that war; Americans who believe that our bills should be paid, our books should be balanced, and we should have a strong economy today and tomorrow.

Mr. Speaker, we hope this message will be heeded by our colleagues in this Congress tonight.

I thank the gentleman from Indiana for yielding me time this evening.

Mr. HILL. Mr. Speaker, I thank the gentleman from Texas for his eloquence and his leadership on this particular issue.

Mr. Speaker, that is the number of Blue Dogs who will be speaking tonight. We feel very strongly about this issue, as you have heard and the American people have heard. It is very hard to get the message out across because interest rates are very low right now, but there will come a day that, if we do not put our fiscal House in order, we could return to the days where interest rates were very, very high; and I do not think we want to do that, for the sake of not only this generation, but the next.

LOWERING PRESCRIPTION DRUG PRICES IN AMERICA

The SPEAKER pro tempore (Mr. COLE). Under the Speaker's announced

policy of January 7, 2003, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GUTKNECHT. Mr. Speaker, I rise tonight to talk about an issue that I think all of us are aware of, but I do not think most Members of the House really understand the dimensions of the problem.

Mr. Speaker, I know that there is work going on in several committees to try and deal with the issue of prescription drug coverage for senior citizens. It is a rather sad story, and most of us have talked to constituents about the problems that they have in terms of buying the drugs that they need to sustain their lives.

Unfortunately, even though I feel good that we are getting serious about this issue, I think, in many respects, many of my colleagues are missing what is the real story. The real story is how much drugs cost in the United States relative to the rest of the world.

Let me say right here, I am not here tonight to beat up on the pharmaceutical industry. I know that I have colleagues who say shame on the pharmaceutical industry. Essentially what I am here tonight to do is to say shame on us, because we as policymakers, and especially the people at the FDA, have allowed this system to grow out of control and literally have put Americans in an incredibly difficult position in terms of buying the drugs that they need.

Let me first show a chart. I know that these are hard to read, especially as Members are in their offices watching this on C-SPAN. Some of these numbers are awfully hard to read, because one of my colleagues the other day, I had the chart up, and he said, "I was squinting very hard to read your numbers."

Do not take my word for this. You can actually find this chart on my Web site, Gill.House.Gov.

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More importantly, these are not my numbers. These numbers have been developed. There is a group down in Florida called the Life Extension Foundation. They are one of the groups that has sent me an enormous amount of information. They have been studying the differences in drug prices for more than a decade. Frequently in Minnesota we hear from constituents who get on buses and go to Winnipeg or they go into Canada so that they can buy their prescription drugs at much lower prices.

The interesting thing is, virtually all of the research that I have seen demonstrates that, yes, drugs are cheaper in Canada, but the amazing thing is that they are even cheaper in Europe. I want to talk about that tonight and perhaps some of the reasons, but, most importantly, what I think we as public policymakers here in Congress, in the administration, and especially over at the Department of Health and Human

Services and in FDA can do to bring about some real change that will make real differences in real people's lives.

Let us talk about some of those differences. I have this chart. Again, these are not my numbers, but, frankly, there has been research done by a number of different groups, and they all come to the same conclusion. That is that Americans pay way, way too much for the same drugs. Let me give some examples.

Let us talk about the drug Augmentin, a very popular drug here in the United States. The average price for a 30-day supply is \$50.50. But we can buy that drug in Canada for \$12. That same drug in Europe sells for an average of \$8.75.

Another popular drug is Cipro. In fact, I have some Cipro here that we bought in Germany. The average price in the United States for a 30-day supply of Cipro, and I am sorry, it is not a 30-day supply, I believe that is a 10-day supply of Cipro, is \$87.99 in the United States. That same drug in Canada sells for \$53.55, so a savings of 35 to 40 percent. But the interesting thing is it is half-priced, more than half-priced, if we buy the drug in Germany. It is the same drug made in the same plant under the same FDA approval.

Let us go down here and talk about a drug that my 85-year-old father takes, Coumadin. It is a wonderful drug, a blood thinner. It has done a lot in terms of preventing strokes and heart attacks in the United States. Coumadin in the United States today sells for almost \$65 per month. Now, if we buy that same drug in Canada, it is only \$24.94. But the interesting thing is, it is even cheaper in the European Union. The average price is only \$15.80.

To go on down the list, another very popular drug, and in many respects a miracle drug, and, as I say, I am not here to beat up on the pharmaceutical industry, all of these drugs are miracle drugs for Americans and millions of people around the world, but the question is whether we ought to pay 30 to 300 percent more than for the rest.

Glucophage. For the people suffering from diabetes, one of the most debilitating diseases known to man, Glucophage is a wonderful drug, but the average price in the United States is over \$124 for a month's supply. We can get that same month's supply in Canada for \$26.47, but in Europe it is only \$22.

The list goes on and on. I am not going to read all the prices.

Let me also talk about a drug called Zocor, down at the bottom of the list. Zocor, in the United States the average price for a 30-day supply is \$123. We can buy the same drug in Canada, here is a package of Zocor which we bought in Germany, we can buy that same drug in Canada for \$45.49, but we can buy that drug in Europe for \$28.

Now, again, Mr. Speaker, these are the same drugs made in the same FDA-approved plants under the same FDA approval.

The story goes on and on. Again, Members do not have to take my word for it, but this is an ad that appeared last week in a newspaper in the State of Michigan. At the top it says, "Save up to 86 percent on your prescription drugs," the same brand name drugs and generics. This is for a group, and I will not give the number or anything, but this is for a group out of Canada. They are now advertising in the United States.

Some of the prices they list, let us take Lipitor, a very commonly prescribed drug that does a wonderful job for those people who have elevated cholesterol in their blood. The average price they list for a 90-count package in the United States, the average price is \$288. But we can buy it from Canada for \$165. That is a savings of over 43 percent.

The list goes on. Members do not have to take my word for it, but everybody is beginning to realize the dirty little secret. That is that Americans are being required to pay for virtually all of the research, for virtually all of the marketing costs, and for virtually all of the profits. The list goes on.

Let us pick some other drugs people might recognize.

Synthroid, that is a drug that my wife takes. My wife takes Synthroid. They say that the average price in the United States for 100 tablets, the average price in the U.S., \$41. We can buy it in Canada for \$14.

We have to ask ourselves, how did we wind up in a situation like this? How is it that the rest of the world can buy drugs for so much less than we buy them for? Then the question becomes, what are we going to do about it? I do not think the answer for seniors is, well, we are not going to do anything.

I have been joined tonight by my friend, the gentleman from Indiana (Mr. BURTON). I would like to yield to him now, because, as the chairman of the Subcommittee on Wellness and Human Rights on the Committee on Government Reform, he is one of the few chairmen that have had the courage to actually have a hearing and bring in some experts to talk about this problem. Because it is a major problem. We will talk in a few minutes about the dimensions of the dollars that we are talking about here in the United States, what it costs American consumers.

I welcome and yield to the gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, I say for our colleagues who are back in their offices and watching this special order, or anyone else that is paying attention, the gentleman from Minnesota (Mr. GUTKNECHT) is the fellow who has been carrying the mail on this issue. He should be congratulated.

There are well over 1 million people in this country that get their pharmaceutical products through pharmacies in Canada because it does save them so much money, and those people are the people that the gentleman is fighting

for, as well as a lot of other people who, when they find out about the issue, the gravity of the situation, will also be buying their products from up there.

The thing I would like to start off with, because the gentleman covered the issue so well, when we had our subcommittee hearing and the gentleman was in attendance and participated, the gentleman will recall the Food and Drug Administration and the gentleman that was there, I think his name was McClellan from the FDA. Or what was the fellow's name? McClellan is the FDA commissioner.

Anyway, the gentleman who was there indicated that there was a question about the safety of pharmaceutical products coming from pharmacies in Canada to the people here in the United States.

There was an article which was in the Washington Post on Thursday, May 8, last week. The Canadian government said officially that it will be responsible for the safety and quality of the large and growing flow of prescription drugs across the border to American consumers.

It was also said, the Health Ministry of Canada said that all imported drugs must be equally safe and effective, whether they are used by Canadians or for exports. They testified that Canadian laws require that drugs that are from third countries that come through Canada are also very closely regulated and scrutinized.

The assistant health director general for the Canadian Health Department, Danielle Dione, said that those were very, very safe. She said, "As soon as any drug crosses the border into Canada, it has to meet all the regulations of our laws." She described the new posting as a clarification, rather than any new policy.

What they are telling us is these drugs in Canada, pharmaceutical products, are absolutely safe for Canadians and they are absolutely safe for Americans. So the only reason anybody could come up with, as far as I am concerned, that would prohibit pharmacologic products from being sold by Canadian pharmacists into the United States is money, money.

Let us take a hard look. The stock market in the last year has suffered. People who own stocks have suffered. The economies of major companies in the United States and around the world have suffered. Yet the pharmaceutical industry had a 17 percent profit during one of the worst years that we have seen in a long time. The executives for the pharmaceutical companies have been making \$15, \$20, \$25 million a year for the CEOs. They are making a lot of money. They want to make sure that the profits they are realizing do not go away.

The country that pays the most for pharmaceutical products, as the gentleman stated so many times so well, is the United States. We pay 10, 15, 20 times as much as they do in other

countries for the very same product. I am convinced that it is not just research, which is very important. It is not the scientific studies, which are very important. It is the god-awful dollar, the money that they are making that they are trying to protect.

Now, how are they trying to protect it? Well, we did a search on the Internet, and I think the gentleman probably has that as well.

Mr. GUTKNECHT. We have the law.

Mr. BURTON of Indiana. They have 600 lobbyists here in the United States, 600, making sure that the prices stay high. They pay those lobbyists a half a billion dollars a year to lobby the Members of Congress. In order to make absolutely sure that they have Members of Congress who will look with favor upon what they want, they paid \$20 million last year in contributions to our colleagues.

I am not saying any of our colleagues and their votes can be purchased. I am not saying that at all. But what I am saying is that the money that is being spent by the pharmaceutical industry for our health agencies, FDA, HHS, and CDC, the revolving door policy that appears to be prevalent over there, because they make so much more money when they go with these pharmaceutical companies and they get these benefits and everything, a lot of the people in these health agencies look with a jaundiced eye to anything that might impede their ability to make a lot of money when they go to the pharmaceutical industry and get a job.

Many of our colleagues get contributions from the pharmaceutical companies. Many of the people in the health agencies go from the pharmaceutical industry to the health agency and back again. I think that does have an impact on what goes on around this place.

As a result, who suffers? The American people. We should not pay any more for our pharmaceutical products in this country than they do in Europe, Canada, Mexico, or anyplace else, or South America. Yet, as the gentleman said so eloquently so many times, and the gentleman has been the lone voice in the wilderness for a long time, the gentleman has said that it is because America is paying the freight for the rest of the world. We have to do something about that. I applaud the gentleman for taking the lead on this.

I might tell the gentleman that we are going to have another hearing in early June, and the gentleman will be invited to be a participant in that hearing. We anticipate that some of the companies that are trying to cut off the pharmaceutical supplies coming from Canada into the United States will be testifying before that committee.

We would like for the gentleman from Minnesota to participate, and hopefully we will get some answers from them directly as to why they say that they do not want to have their pharmaceutical products sold from a Canadian pharmacist to an American

citizen for any reason other than the American citizen is saving money.

We have heard, as the gentleman and I have talked about before, we have heard them say it is a safety issue. We know that is not the case, because the Canadian health agencies have said very clearly and publicly that they test everything, they check everything before it goes into or out of their country.

We want to find out from the pharmaceutical executives themselves why they are discriminating against American purchasers. That hearing will be taking place in June.

Mr. GUTKNECHT. I want to thank the gentleman for joining this discussion tonight because, as I say, there are a number of us here in the House who have been willing to speak out, but the gentleman is among the few chairmen of committees who have had the courage to have some hearings, bring in some experts, have people talk about this, what really does happen in Canada.

One of the things we have learned, for example, is that over 1 million Americans today are actually buying their prescription drugs from other countries today. The FDA, the Food and Drug Administration, keeps very accurate records. If 1 million people are buying their drugs from other countries, we would think, especially along the Canadian border, but more importantly along the Mexican border, where, again, we have learned from research done by a professor at the University of Texas something like two out of every three Americans who cross the border and go into Mexico bring back with them prescription drugs, which they buy there for a fraction of the price that they can buy them in the United States for. They bring back drugs.

More importantly, they do not just bring back a few drugs. Usually when they go across the border they take a list with them. They come from a senior center, they come from a retirement center, they come from a condominium project where most of the people are seniors, and they take a list with them when they go into Mexico, and they bring back thousands of dollars worth of prescriptions.

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Now, with all those people buying drugs illegally, according to the FDA, you would think, if this is so dangerous, you would think that all of these seniors would be dropping like cord wood in Minnesota, and in Texas, and in California, and the other States where this is very common. But the fact of the matter is we know exactly how many people have died from taking prescription drugs which they bought from other countries. The FDA keeps perfect records. And according to the FDA, it is an easy number to remember. It is a nice round number. It is zero.

It is called the Food and Drug Administration. They are also responsible

for protecting us from all of the imports of food that comes into the United States. Every day we import millions of tons of food. I think last year we imported into the United States something like 317,000 tons of plantains. Now, I had to double-check to see what is a plantain. But we import tons and tons of food every day. And you know what the FDA says about all that imported food?

Mr. BURTON of Indiana. Not much.

Mr. GUTKNECHT. Not much. They wave as it goes by. But they do keep records as well; and according to the FDA, eating imported strawberries, something like 25,000 Americans have gotten ill and some have died from eating imported strawberries. Yet we eat strawberries every day, many of them are imported; and the FDA does almost nothing.

But one area where we can absolutely guarantee safety, the FDA has put a wall between American consumers and being able to afford these drugs. Let me give an example.

I am holding in my hand a package of Tamoxifen, and this is probably one of the examples that makes me angrier than any other. Tamoxifen is an amazing drug. It is a miracle drug, and particularly for women who are suffering from breast cancer. This may save their lives. This is an amazing drug. The most amazing thing is we helped pay for it. We, the taxpayers. This drug was developed almost exclusively with research and development dollars from the NIH.

The company decided originally, because it was developed with taxpayers' money, that they would not patent it. Then they thought about it again and said, no, I think we will patent it. And I guess they had a right to patent it. But this is what really bothers me. We bought this drug in Munich, Germany 3 weeks ago for 60.33 Euros. Now, on that day the equivalent, and the dollar and the Euro vary a bit, but that worked out on that day to \$59.05 American for this package of 100 tablets, 20 milligrams, Tamoxifen. This same drug, we called a pharmacy here in Washington, D.C. and asked how much is 100 tablets, 20 milligrams, Tamoxifen. The answer: \$360. Sixty dollars in Munich, Germany; \$360 in America.

Mr. BURTON of Indiana. Six times the amount.

Mr. GUTKNECHT. Six times the amount. And here is the real tragedy. There are American women who need this drug and they cannot afford it.

Mr. BURTON of Indiana. Let me interject something, because this is an important point. How many people have died because they simply cannot afford the drugs that are prescribed for them?

Mr. GUTKNECHT. The interesting thing is the FDA does not keep those records. They are only concerned about drugs being safe and effective. But Dr. Steve Schondelmeier, one of the top pharmacologists in the world, certainly in America, he has a great quote. He

said: "A drug that you cannot afford is neither safe nor effective."

I want to come back to something, because it fits with this point. There is a new book out called "The Big Fix," written by Katherine Greider; and she has done an amazing amount of research on this. One of the saddest statistics in this book is that she said that 29 percent, 29 percent of the prescriptions written to senior citizens in America today go unfilled.

Mr. BURTON of Indiana. Twenty-nine percent go unfilled?

Mr. GUTKNECHT. Twenty-nine percent. I do not know if the gentleman has ever experienced this, but I met this morning with community pharmacists, and I asked them this question: How many of you have had the example where a senior citizen comes in to buy a drug that they need and they hand you the prescription, you tell them how much it is, and they get a real sad look on their face?

Mr. BURTON of Indiana. And walk away.

Mr. GUTKNECHT. They drop their head and they say, well, maybe I will be back tomorrow.

Twenty-nine percent of the prescriptions written to senior citizens go unfilled because they cannot afford them, and they are proud people.

How many people, how many women in America cannot afford Tamoxifen? Now, maybe they could afford \$60, but \$360 starts to get real expensive. And that goes on and on and on.

Now, I am not here to say shame on the pharmaceutical industry, but shame on us, because we have the power to change that.

One of my favorite Presidents was President Ronald Reagan, and he had some great quotes. One of them he used often was that markets are more powerful than armies. It is time that we open up the markets and say to Americans you have legal access.

You ought to be able to go to your local pharmacy, to your local pharmacist, whom you trust, and who is an important part of the health care delivery system, and you ought to be able to go in there and say, I need Tamoxifen. And he ought to be able to say to you, well, listen, I can fill it from my inventory in the United States on the back shelf and your price will be \$360; or I can go on line and I can order it for you from a pharmaceutical supply house in Geneva, Switzerland, or Munich, Germany, or Paris, France, or you name the country, as long as they are an industrialized G-7-type country where we can expect and trust the equivalent of their FDAs, as the Canadians have announced; but he ought to be able to go on line for that customer and order that and say, we can have it to you in 3 days for one-sixth of the price.

Mr. BURTON of Indiana. If the gentleman will yield, one of the arguments we heard when the FDA was before our committee, and the gentleman was there, was that they were concerned

about counterfeit drugs. And one of the things that I think is very, very important, and it goes right along with what the gentleman is talking about, and why not hold that up, I think our colleagues back in their offices should see that, that is a device that guarantees that the package has not been doctored in any way. If that package were used in conjunction with a prescription that was filled in some other part of the world, it would guarantee beyond any doubt that that product was genuine and it was not a counterfeit and it was completely safe.

Yet the FDA continues to use that argument, when it is absolutely certain that there is a way to make absolutely sure that that is a safe prescription drug.

Mr. GUTKNECHT. The interesting thing, Chairman Burton, is that we cannot guarantee anything. You cannot guarantee that when you pull into a gas station and you fill your car up that that is in fact unleaded gasoline and not buttermilk. The truth of the matter is every time you put your key in your car, every time you do anything, you take a certain amount of risk. But with modern technology, we can make it absolutely as safe to buy drugs from Geneva, Switzerland, as it is to go down to your local pharmacy.

As a matter of fact, the FDA has to admit that the only proven example where someone has tampered with prescription drugs in the United States happened inside the United States. There are no examples where contaminated drugs have been shipped from legal pharmacies in other parts of the world. There just are not any examples.

Mr. BURTON of Indiana. Our colleagues might want to know how you can guarantee that that would not be counterfeit. I recall the gentleman pointed this out at the committee hearing that that is the same technology that is used on the twenty-dollar bill that guarantees they are not counterfeit any longer; and it works very, very well.

Mr. GUTKNECHT. If this is safe enough for the U.S. Treasury, this is the same company that has developed these technologies to make counterfeit-proof packaging.

I will be introducing a bill sometime in the next week; and I am trying to get, I hope, hundreds of my colleagues to vote for it. In fact, the last time we had a vote on this issue of opening up markets, we got 323 votes here in the House. The House has spoken fairly clearly that we want Americans to have access to world-class drugs at world market prices.

But if this technology is good enough for the U.S. Treasury, if they can produce technology to make counterfeit-proof packaging for the entertainment industry, for the video game industry, they certainly can and they are making packaging for the pharmaceutical industry. As a matter of fact, I think there are four or five of the

companies that are already using this technology.

It goes even further. Last week, I was at a demonstration, and this is a little vial, and I do not expect anybody to see this, because I can barely see it looking at it here. But inside this vial there are 150 tiny, tiny, almost nanocomputer chips. The interesting thing is this is the next UPC code. They can literally now embed these chips in packaging, and these chips are bringing the cost down to probably less than a nickel apiece. And when you are talking about a prescription drug package that sells for \$125, that is not much to make certain that this is in fact whatever the drug is and it was made at such a plant on such-and-such a day and has gone through the channels.

As a matter of fact, when people buy things and they have them shipped by UPS or FedEx or even the parcel post system, literally they put a bar code on that package. And literally you can go to UPS or any of the other package-handling companies, and now you can find out where that package is at any point in the delivery system.

Now, as opposed to that, how do you think the pharmaceutical companies ship their drugs? Armored cars?

Mr. BURTON of Indiana. No, UPS, FedEx?

Mr. GUTKNECHT. They ship them the way they ship almost everything else.

So the idea that somehow it is easier for somebody to contaminate a drug going via UPS in a sealed package with a bar coded technology using counterfeit-proof packaging, that it is easier somehow to adulterate that drug than it would be to get onto a dock in New Jersey where it is sitting in an ever-green container.

Mr. BURTON of Indiana. I want to make sure I understand this correctly. First of all, we have had no cases that we know of where people have died from imported pharmaceutical products.

Mr. GUTKNECHT. From legal FDA approved drugs; that is right.

Mr. BURTON of Indiana. So, first of all, the argument there is a big risk involved holds no water because they have no proof that it has caused a problem.

Mr. GUTKNECHT. We are much more likely to die from eating imported strawberries.

Mr. BURTON of Indiana. Secondly, the gentleman has just pointed out that tampering with pharmaceuticals that are coming into the country is not a problem because now there is a way where you can absolutely guarantee that that package has not been tampered with, that it is the right package, that it has the right product in it, because it has a sealing device that guarantees that it is what it is supposed to be.

Mr. GUTKNECHT. Right.

Mr. BURTON of Indiana. So I still do not understand, and maybe the gentleman can explain it to me, because he

is pretty learned on this, since he has been working on this a long time, the two main arguments were that people could be hurt, and there is no evidence of that; and, second, that we might be getting counterfeit products that are inferior, and the gentleman has proven that that can be overcome. So what is the argument the FDA is using beyond those two?

Mr. GUTKNECHT. Well, the only argument they use is safety.

Mr. BURTON of Indiana. But that does not hold water.

Mr. GUTKNECHT. As the gentleman saw at the hearing, they are very oblique even on that issue. Because we can demonstrate it is safer to buy drugs from a legal pharmacy. And we are not talking about illegal drugs. I want to make that very clear. We are only talking about FDA-approved drugs that came from FDA facilities. We are not going to go down the path of talking about other drugs, because there are people in south Miami that import drugs every day. Those are not legal drugs. We are not talking about any of those.

But let us talk about what the law actually says, and this is where they hang their hat. It says, and let me read this: "Section 381: The Secretary of the Treasury shall deliver to the Secretary of Health and Human Services, upon his request, samples of food, drug, devices and cosmetics which are being imported or offered for import into the United States, giving notice thereof to the owner or consignee who may appear before the Secretary of Health and Human Services and have the right to introduce testimony."

Now, this is what they say. This is where they hang their hats and they keep Americans from legally buying imported drugs from countries around the world. Here is the operative sentence: "if it appears from the examination of such samples or otherwise that (1) such article has been manufactured, processed, or packed under unsanitary conditions."

Well, there is no evidence that any of these drugs are packaged under unsanitary conditions.

"(2) That such article is forbidden or restricted for sale in the country in which it was produced or from which it was exported."

These are all legal drugs, so that one does not apply.

"(3) Such article is adulterated, misbranded or in violation of section 355 of this title."

None of that really applies, in my opinion.

Mr. BURTON of Indiana. It does not.

Mr. GUTKNECHT. But that is the slender reed upon which our own FDA has constructed this wall around the United States; and that is the reason, my colleagues, that American consumers pay \$360 and Germans pay \$60.

Mr. BURTON of Indiana. We have used the logical arguments that the FDA has used, or illogical arguments, as to why they want to stop importa-

tion of pharmaceutical products from Canada and elsewhere. The arguments they use do not hold water. I think the gentleman has made that very clear here tonight. So what is the reason?

There is only one reason, and the gentleman is reluctant to say this, but I am not, and that is the pharmaceutical industry makes the biggest share, the lion's share of their profits right here on the backs of the American consumer.

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That is not right. They will say it is R&D, research and development, but the research and development should be shared equally around the world. But as far as them making huge profits on the back of American consumers, when they are making a profit in Europe, Canada and Mexico, but not to the degree they are here, is just unconscionable. It bothers me that the almighty dollar as far as corporate executives are concerned is more important than the health of American citizens.

The facts bear this out. There are American seniors and others who are going wanting for pharmaceutical products because they cannot afford them, whereas the same products are being sold for one-sixth the price someplace else in the world, and that is critical. We ought to hold these pharmaceutical companies accountable. We cannot let them go on raping the American people, and that is a very strong word and I am using it advisedly, but they are raping the American people while the rest of the world is benefiting from these lower prices. We need to hold them accountable.

The thing that bothers me is that the FDA comes before our committee with the lame excuses that they used that do not hold water, as the gentleman has made clear here tonight, these lame excuses, and we ask why? They are the regulatory agencies that are supposed to protect Americans to make sure that the products are safe but also to make sure that they get the products to which they are entitled. The FDA is blocking, they are like a lineman in a football game blocking for the pharmaceutical industry. Why are they doing that? The pharmaceutical industry is making huge profits on the back of the American people, but why is the FDA helping them?

The only reason I can imagine is there is some kind of subliminal, sweetheart revolving door between the people over at FDA, HHS and CDC and over at the pharmaceutical companies. That is something that smacks of being unethical, at the very least. The FDA and HHS should be concerned about the safety of products and to make sure that the American people have access to the products that will protect their health. They have been blocking for the pharmaceutical industry, and it is something that should not be tolerated in the future. The gentleman does not need to say that, but I will.

Mr. GUTKNECHT. Mr. Speaker, I try not to get into that because the presidents of the large pharmaceutical companies do not work for us, but the head of the FDA does. I think the presidents of some of the pharmaceutical companies have to answer to shareholders and the public, and one day they are going to have to answer to God.

This book, and there is more research coming out, and the interesting thing is especially after Sarbanes-Oxley, we are going to find out more about how the money actually gets spent. I think we will find more and more of these pharmaceutical companies are spending more on advertising and marketing than they are on research and development.

One of the things talked about in this book, there was a study done by the Boston Globe, and they took a close look at the 35 most important and top-selling drugs that the FDA approved over the previous 5 years. All but two of them had been brought through the R&D pipeline with the help of the NIH or the FDA.

Mr. BURTON of Indiana. And that is taxpayers' money.

Mr. GUTKNECHT. That is correct, and that happens again and again. I am the vice chairman of the Committee on Science, and our research shows Americans represent something like 6 percent of the world's population, but we represent over 50 percent of the basic research done in the world. It is because of Americans that we have places like the Mayo Clinic, and it is because of the American spirit that we do what we do. It is because of the American spirit we put men on the moon and return them safely. We want to do this research.

This year we will spend roughly \$29 billion taxpayer dollars on research. The interesting thing is many of the pharmaceutical companies work very closely with the various research institutes that do this research, and they pay very close attention. Many times this research that is done, once the research is completed, that information is available free of charge. They get this research free of charge. In many respects, we subsidize the pharmaceutical industry with that \$29 billion of taxpayer money.

There is a second way that we subsidize the pharmaceutical industry, and that is in the Tax Code. The research they do, they write it off dollar for dollar. Most are in at least a 40 percent tax bracket, so the taxpayers are subsidizing 40–50 percent of the cost of research. And on top of that, many qualify for research and development tax credits. I am not an accountant, but a credit is better than a deduction. On top of that, many of them have moved their facilities to places like Puerto Rico. Puerto Rico is part of the United States, but some people do not know if you are in Puerto Rico you pay no Federal income tax.

Mr. BURTON of Indiana. They have the 936 program down there.

Mr. GUTKNECHT. Exactly. I am not going to argue about the special benefits, but the bottom line is we subsidize the development of new drugs through the NIH, through the National Science Foundation, through the Department of Defense. They do a lot of research which ultimately leads to these miracle drugs. Finally, we subsidize them in the prices we pay.

Now, my bottom line is I think Americans ought to pay. I think it is part of the American spirit. We believe in finding the new cures. It is something that makes us Americans. I think we ought to pay our fair share. I think it is the right thing to do; and, frankly, I think we ought to subsidize people in developing countries. I think we ought to pay more than the people in sub-Saharan Africa. I think we ought to pay more than the people in Bangladesh. I think we ought to pay more than some of the people around the world.

But I think it is ridiculous that our own FDA makes Americans subsidize the starving Swiss. I think it is time for the Swiss, the Germans, the French, the Japanese, I think it is time for them to pay their fair share.

I also think it is time for a much clearer account from the pharmaceutical industry of how much exactly do you spend developing a new drug? How much does it cost to get FDA approval? How much profit do you really make? There is a report, and I cannot confirm this, but the president and CEO of one of the pharmaceutical industries got \$227 million in stock options. That was above and beyond his salary. Most of us could live fairly comfortably on a salary of \$6–10 million, which is what the average CEO of the nine largest pharmaceutical companies make.

Mr. BURTON of Indiana. Mr. Speaker, because of the Enron debacle and the other corporations around the country that padded the books that made it look like they were making profits when actually they were losing money, and at the same time corporate executives were making tons, because of that, the Oxley bill that you talked about a few minutes ago set certain guidelines and standards that they had to meet. I do not know why we couldn't propose some kind of legislation that would mandate the same kind of standard be applied to the pharmaceutical industry as well as other corporations around this country.

The other thing that I think we ought to take a hard look at is when Congress, you and I, when we leave here, we cannot lobby our colleagues for a year. The reason we cannot is because there is a concern that there might be collusion between an incumbent congressman and some corporation where they are going to benefit from the judgment and the vote of a congressman in exchange for him lobbying down the road. So we make sure that a congressman has to wait a year before he can lobby his fellow Members.

Why cannot we do the same thing with the FDA and HHS and CDC? Why can we not stop this revolving door policy that exists by saying, if you are working for a health agency here in the United States of America, you cannot work for a pharmaceutical company where you were sitting in judgment on their products or on their policies? I know it would be very difficult to draft a bill like that, but it might send a message if we introduced one, that that kind of chicanery must not exist.

I cannot think of any other reason in the world other than profits that are keeping the pharmaceutical companies from people being able to buy their products in the United States from places like Canada. I cannot think of any other reason other than the FDA is deeply involved with the pharmaceutical industry, especially after what you have said here tonight about the reasons that they use. I cannot think of any reason in the world other than profit or collusion for the FDA to stand in the way of us being able to buy those products from Canada or anywhere else.

When they sat before our committee and they looked us in the eye and they said it was a safety issue, which we know is not the case, then there has got to be a reason. I cannot put my finger on it other than there is some incentive for them to support the pharmaceutical industry's position, and we have to put a stop to that.

Mr. GUTKNECHT. Mr. Speaker, I think there are two things that we ought to do.

First of all, we ought to pass strong legislation that says very clearly as it relates to countries, and I have them listed in the bill that we are working on, countries like Canada, the European Union, Japan, Israel, and a few other industrialized countries where we know they have very effective equivalents of our FDA, there is no reason in the world that Americans and their pharmacists should not have the right to import drugs from those countries. It ought to be part of any prescription drug benefit package, and the truth of the matter is, and I did not get to this, how big this problem is.

The estimates by our own Congressional Budget Office say that seniors will spend, and these are 65 and over, will spend \$1.8 trillion, and that is a huge number, on prescription drugs over the next 10 years. Our estimates, and I think this is the most conservative of conservative, if we simply implemented and forced the FDA to do what they ought to do and what we do with virtually every other product, we could save at least 35 percent. That is minimum. In fact, the number may be more like 55 or 65 percent.

Mr. BURTON of Indiana. That is \$550 billion a year.

Mr. GUTKNECHT. It is \$630 billion over the next 10 years. If we do not do this, and I know people are coming up with discount cards and all of the rest. They say we can get a 20 percent or 30

percent discount. A 30 percent discount off of \$360 is not enough to make this program work. Ultimately, you have to have access to markets.

I am not in favor of price controls, and I do not like what a few of the countries do in terms of price controls. I want open markets because I know what markets do; markets level. Ultimately, we will pay less; the Germans will pay more. That is how this will work long term, and that is fair, that is reasonable, and it is time we do it.

The second thing, to get to your point, I think we ought to sic the General Accounting Office after these guys and get answers to these questions. Because these are legitimate questions that our constituents, the American citizens who send us here to Washington, have a right to know. Somebody ought to get inside those books and find out if it is true.

For example, one of the arguments that the pharmaceutical industry makes is that it costs \$800 million to develop a new drug, but they never back it up. They never open their books so we can see that, yes, it really is \$800 million.

The truth of the matter is more and more of us are becoming very skeptical about how much it actually costs to bring a new drug to market and how much they really spend on research and development. In fact, this author believes they actually spend less on research than they do earn in profits. So maybe what we ought to do is ask the General Accounting Office to do some research for us, to get some of the facts and report back to the Congress. I am not sure what we should do about it because I believe in free enterprise, and if company XYZ wants to pay their chief executive \$227 million, I am not sure we should do anything about it.

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But I will tell you what we ought to do. We ought to make sure that everybody knows it. Because I think the pressure from the public is going to start to say, this is lunacy and we should not have to pay it.

Mr. BURTON of Indiana. If the gentleman will yield further, one of the things that concerns me about the prescription drug benefits the gentleman from Minnesota alluded to a moment ago is that if we pass a prescription drug bill in the Congress to provide benefits for seniors in this country and we do not do something as he suggested to make sure that they are paying a fair price for their product, then the taxpayers are going to be paying \$360 for a product that you could buy in Germany for \$60. Six times.

I do not think the taxpayers want to be paying six times the price of a drug in Germany here in the United States. It would actually just bankrupt the United States Treasury in a few years if we did not do something about that. I am not for price controls, either; but I do believe that the marketplace ought to dictate the prices and a free

market not only here in the United States but around the globe. I think the gentleman makes a very valid point. The American people should not pay six, seven, eight, 10 times the price that they do in other countries. That is what scares me about the prescription drug benefit we are going to pass in this Congress this year. I think the gentleman and I will be down here debating that when that bill comes to the floor to make sure that the taxpayers are getting their dollar's worth when we buy these pharmaceuticals for seniors.

Mr. GUTKNECHT. I think the people who developed this drug, Glucophage, are entitled to be rewarded for it. I believe in that. I believe in intellectual property rights. But I also say why is it we pay so much when the Germans can buy it so cheaply?

Mr. BURTON of Indiana. What is the price comparison?

Mr. GUTKNECHT. On this particular package, the price here in the United States is \$29.95. This is a smaller package. We bought this in Germany for \$5.

Mr. BURTON of Indiana. So six times.

Mr. GUTKNECHT. Six times. I do not care what kind of a discount card you have, the differences are still too huge. We have an obligation to our taxpayers to make certain that if we are going to have a prescription drug benefit for people who need that benefit, we have to make certain, as the gentleman says, that we get a fair price. But, frankly, as long as we are at it, why should we not get a fair price for all Americans? Why should we not just open up the market as we do for oranges or pork bellies?

In fact, I have told this story. People ask how did I get involved in this. The answer is kind of ironic. It was the price of hogs. People say, the price of hogs has something to do with the price of drugs? Let me explain. A number of years ago I had a meeting with some senior citizens groups in my district. They talked about their trips to Winnipeg to buy their drugs. I said, Fine. If you want to go to Winnipeg to buy your drugs, that's fine with me. That was it. I did not think much more about it. Then a few months later, the price of hogs in the United States dropped from about \$50 or 50 cents a pound down to \$9 or 9 cents a pound. All of a sudden our hog producers in my area were just going crazy. They could not afford to feed the pigs. They could not afford to slaughter the pigs. They were going bankrupt very fast. They were calling me saying, You've got to do something about it. I said, I'm not sure what we can do. They said, at least slow down the supply of Canadian hogs coming across the border to our plants in places like Austin, Minnesota, that are making our supply/demand situation even worse.

So I called the Department of Commerce. I called the USDA. I got the same answer. It is called NAFTA. It is called free trade. All of a sudden a light

bulb went on in my head. I said, wait a second. You mean we have free trade when it comes to pork bellies, but we don't have free trade when it comes to Prilosec? This is nuts. One area where American consumers could save billions and billions and billions of dollars and yet our own FDA puts up a barrier and says, You cannot do that.

Mr. BURTON of Indiana. But why?

Mr. GUTKNECHT. I do not know why.

Mr. BURTON of Indiana. I think I do.

Mr. GUTKNECHT. I am not going to get into why. All I know is that I took an oath of office. You took an oath of office. We are here to serve the public interest. The pharmaceutical industry does not work for me. I do not work for them. But the boys over at the FDA do work for us, and they are required to serve the public interest. And a drug that a little senior citizen who sits there with a prescription and cannot afford to have it filled, she deserves somebody to speak for her. As long as I am here, as long as I have breath in my lungs, as long as I can hold these charts, I am going to keep talking about this and somebody is going to have to explain why the FDA keeps American consumers from buying safe and effective drugs from other countries for a fraction of the price. I am not going to give up on this. Because, as Winston Churchill said, you know what a fanatic is? A fanatic is a person who cannot change their mind and will not change the subject. I am not going to give up on this and neither are you. We are going to stay on this issue until Americans have access to world-class drugs at world market prices.

Mr. BURTON of Indiana. Let me say, God bless you for what you are doing, and I think there are seniors and people all across this country who cannot buy pharmaceuticals at the proper price who are saying, go man go. Go GUTKNECHT go. I am one of them. But I want to find out why. My committee, the Committee on Government Reform and Oversight, was charged with the responsibility of investigating waste, fraud and abuse in government and I was chairman for 6 years. We found that there were a lot of abuses in government. I want to find out why the FDA and HHS and CDC, why these kinds of problems are existing. There is no reason for it. The purity of the products are guaranteed by the Canadian Government as well as our government. That was stated by their government officials just this past week. They are making a profit in those countries, but they are making a huge profit here, eight, nine, 10 times as much in some cases. I want to find out why the FDA appears to be protecting this industry. There has got to be something to that.

The gentleman from Minnesota mentioned the GAO, a GAO investigation. I think a GAO investigation of this entire area is something that needs to be done. Not just the pharmaceutical companies and whether or not they are

benefiting from government largesse from our research dollars but also I think we ought to have the GAO investigate what is going on with our health agencies and why this sort of appearance of chicanery exists. I am going to join with you in the GAO study, but I might want to expand it just a little bit further.

Mr. GUTKNECHT. I think the time has come. Again, as Ronald Reagan said, quoting John Adams, facts are stubborn things. All we really want is the facts. I am not getting into motives. I do not care. I do not care why they do things. To me, that is not my job. My job is to stand up and speak for those people who cannot speak for themselves. When I read that statistic that 29 percent of prescriptions written to senior citizens go unfilled, and I have stood in pharmacies and I have watched them with their little slips and seen the look on their faces. It seems to me that we have an obligation to say on behalf of them that we are not going to just sit here and allow this to go on. This has gone on too long. The worst thing is it is getting worse and worse and worse per year. The difference between what we pay and what the European pays is not getting better; it is getting worse. Shame on us. Shame on the FDA.

Mr. BURTON of Indiana. There is one last thing I would like to bring up. We passed a law in this Congress that allows people to buy imported pharmaceuticals. The gentleman recalls that. The FDA and HHS said no, because there were concerns about the safety of the imported pharmaceuticals. But the Congress of the United States, the House and Senate combined, have spoken on this issue. They want the American people to be able to buy these pharmaceuticals safely from anyplace where they can get the best price.

That is a law passed by the Congress. The only thing that is stopping it, and this is something we should have started on earlier, the only thing that is stopping it is our health agencies, who are saying, wait a minute, we want to make sure they are safe. You have proven tonight, and I think conclusively, that they are safe. There has been no indication whatsoever, no cases where people have died from imported pharmaceuticals. Even if there were a problem like that, which there is not, there is a way to make absolutely sure that the products coming into the country are safe, in a sealed container where there can be no tampering. So there is no way that we cannot make sure these products are safe. Yet the FDA continues to block it. I maintain it is because of this relationship with our pharmaceutical companies. But in any event, Congress has spoken and we need to keep beating on this issue so that the current law passed by the Congress is enforced and FDA and HHS just get the hell out of the way.

Mr. GUTKNECHT. I think that about says it all. As a matter of fact, let me

just close with this. The Congress has spoken. When we voted on this matter in the House the last time, 323 of our colleagues voted with us on this.

Mr. BURTON of Indiana. 324.

Mr. GUTKNECHT. In fact, in this ad it says, look how easy Congress has made it for you to save. That is what it says. Congress has spoken. Unfortunately we, put this language into that bill, in the conference committee and at somebody's request that says as long as they can guarantee safety. Well, they cannot guarantee safety on imported strawberries or pork bellies or plantains. We import hundreds and thousands of tons of broccoli a year. They cannot guarantee the safety. According to the FDA's own studies, 2 percent of the fruits and vegetables coming into this country are contaminated with food-borne pathogens, including things like salmonella. Salmonella can kill you. It does kill Americans. Yet what does the FDA do about that? Nothing. But if you try to save \$45 on a box of Coumadin, they will come after you like stink on a skunk. There is something wrong with the system. We need to fix it. It is not so much shame on the pharmaceutical industry. It is shame on us. It is time that we make certain that Americans have access to world-class drugs at world market prices. That is what we want. That is what we expect. We will not stop until we get it.

Mr. BURTON of Indiana. Let me just conclude my participation in your Special Order by saying I am proud to be a member of the Gutknecht army.

Mr. GUTKNECHT. I thank the gentleman.

TEXAS REDISTRICTING

The SPEAKER pro tempore (Mr. COLE). Under the Speaker's announced policy of January 7, 2003, the gentleman from Texas (Mr. SANDLIN) is recognized for 60 minutes.

Mr. SANDLIN. Mr. Speaker, the issue of redistricting has been before the Texas public now for several weeks. I think it deserves some attention here tonight. I hope we have several speakers to talk about the issue of redistricting and how it has played out in our State, the confusion it has caused and the public and political high-handedness that has occurred from the power brokers from the Republican Party in Washington.

Mr. Speaker, from 1800 on, we have redrawn our congressional lines every 10 years. That is to comply with the requirements of reapportionment. The first House, the U.S. House of Representatives, had 65 Members which reflected the population guidelines set out in the Constitution. Each 10 years thereafter, after the constitutionally mandated census, seats were added to the House to reflect the growing numbers of our population and the numbers set out in the Constitution.

By 1910, the numbers in the House had grown to more than 400. At that

point, the House decided to cap the Members at 435 Members, which required a different set of criteria for redistricting from that point forward. The census would count the population leading to a formula to divide up the 435 seats among the States to fit the numbers. Then each of the States except those with only one House Member, such as Alaska or North Dakota or South Dakota, the Sunshine State, would redraw the lines to fit population shifts. According to Norman Ornstein, who wrote "Congress Inside Out" in Roll Call on Wednesday May 14, "Frequently the fights in the States over redistricting have been fierce and bloody and as partisan as any in American politics." He writes, "The stakes are high. The problems are not new. Remember the term gerrymander, referring to the skewed and twisted lines of congressional districts to fit partisan ends, came from Eldridge Gerry, a signer of the Declaration of Independence from his efforts in 1811 as Governor of Massachusetts to draw lines to favor Democrats over Federalists. But as a rule, the fierce fights would take place only once a decade. That has been the process from that point forward."

Once a decade, Mr. Speaker, we reapportion, we divide the lines, and we go forward. That did not happen in Texas this year. In Texas in 2001, we had a redrawing of the lines. We had a redistricting by court order. That is because it was not done by the legislature. The court held a hearing and after extensive evidence, after a trial, after experts from both sides, from the Republicans and from the Democrats, after members of the public and elected officials testified, a map was drawn by a three-panel Federal court in Texas that has since been approved that meets the voting rights standards and was in effect during the last election.

However, due to the fact that the Republicans took control of the House and the Senate in Texas in the last election, Tom DeLay has now taken it upon himself to rewrite history, to do something unprecedented, to say, we are not going to just redistrict every 10 years, we are going to redistrict when I say we should. We are not going to respect the election of the Members of Congress. We are not going to respect what the voters said. We are not going to approve who they decided to elect for themselves; but since I, Mr. DELAY, do not like who was elected, I am going to decree who the elected officials, who the congressmen are in Texas by my own design. I do not like what happened in Texas and so I am going to change the rules.

This is unprecedented, Mr. Speaker. This has never happened before. And this is not proper. And everyone in the State and everyone in this Congress knows it. As a result of those efforts, the news has been full recently of the 51 Members who went to Oklahoma and the 53 brave members total that left the State legislature in Austin and